

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019834

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **153**

Primary Registration District No. **3022**

Registrar's No. **70**

FILED JUN 4 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Jefferson Twp.		Length of stay in 1b 25 yr	c. CITY OR TOWN Rural Jefferson twp.
c. FULL NAME OF (If NOT in hospital, give location) at home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7 Mile N of Bethany
3. NAME OF DECEASED (Type or print) Lloyd Grover Barnett		4. DATE OF DEATH Month 5 Day 24 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-6-1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (last birthday) 55
11. BIRTHPLACE (City and state or country) Boulder, Colorado.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Simon Barnett		13b. MOTHER'S MAIDEN NAME Ruby Piburn	
14. NAME OF HUSBAND OR WIFE Merle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no no	
16. SOCIAL SECURITY NO. 49		17. INFORMANT Merle Barnett, Bethany, MO.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Unknown		INTERVAL BETWEEN ONSET AND DEATH Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:15 p.m. Month, Day, Year 4-12-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Bethany, Mo.	
21. I attended the deceased from 4-12-62 to 5-11-63 and last saw him alive on 5-11-63 Death occurred at 11:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M. D. Barnett (Degree or title)	
22b. ADDRESS Bethany, Mo.		22c. DATE SIGNED 5-25-1963	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE 5-27-1963	23c. NAME OF CEMETERY OR CREMATORY Morris Chapel	23d. LOCATION (City, town, or county) (State) Bethany, Mo.
24. FUNERAL DIRECTOR M.B. Haas	ADDRESS Bethany, Mo.	25. DATE RECD. BY LOCAL REG. 5-27-1963	26. REGISTRAR'S SIGNATURE Gella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

M. B. Haas

M. B. Haas,

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.